

Frequently Asked Questions (FAQs)

Get Healthy Idaho: Building Healthy & Resilient Communities Funding Opportunity

1. What is the duration and availability of funding?

A cap of \$100,000 has been set for the first phase of funding. Phase one funding will be utilized to build or expand a community collaborative, conduct, or expand upon a community health needs assessment and develop a community action plan. The remainder of the four-year initiative will be devoted to implementing the action plan. Each year, funding is contingent upon successful completion of subgrant deliverables, available funding, and maintenance of fiscal accountability.

2. What are the applicant eligibility requirements?

This funding opportunity is available to public organizations, municipalities, non-profit and community-based organizations working within Clearwater, Idaho, Latah, Lewis, or Nez Perce counties. Applications can be submitted by an existing or new collaborative, a single organization or partnering organizations acting on behalf of a collaborative, or a single entity or partnering organizations interested in developing a collaborative.

Eligibility Criteria

Applicants must demonstrate how they meet the following criteria in their application:

- A. Defined geographic boundaries designated to organizations serving residents living in Clearwater, Idaho, Latah, Lewis, and Nez Perce counties.
- B. Demonstrated need identified through narrative and data indicating poor health outcomes and social, economic, and/or environmental disparities or inequities for the geographic area or priority populations within the geographic area.
- C. Demonstrated organizational capacity and support for project from community leaders, members, agencies, organizations, and other partners as indicated in narrative and attached Letters of Support.

3. Describe Eligible Activities/Projects?

Eligible activities for the first phase of funding are limited to and must include establishing or growing a community collaborative, conducting, or building upon a community needs assessment, development of an action plan to address identified barriers to good health and well-being in the community and development of an evaluation plan. Subsequent years of the initiative will be devoted to implementing the action plan both with direct investments and with leveraged funds and resources.

4. Are matching funds or cost sharing required?

Matching funds for this initiative are not required, however, it is highly recommended that any match offered by the community be described in Section VI. Budget/Cost Proposal.

5. Are there preferences for the funded community?



Preference shall be given to proposals that demonstrate:

- Capacity for cross-sector collaboration, leadership, and partnership
- Statements of support from community leaders/members and partnering organizations
- Ability to identify inequitable upstream conditions (i.e. social determinants of health) that contribute to disparities in health outcomes in the identified community and or among priority populations living in the identified community
- Vision and innovative solutions for addressing the health needs of underserved populations
- Successful track record of funds administration

6. Describe Required Tasks/ Deliverables for Funded Communities?

A full list of required tasks and deliverables for the funded community can be found within sections III and IV of the application packet. In addition to the community health needs assessment and action plan, the funded community will be required to submit monthly invoices, work plans, an evaluation plan and reports, along with an annual progress report. Funded communities are also required to participate in routine conference calls with Department of Health and Welfare staff and in training to support the community collaborative members as needed. A sustainability and transition plan are required at the end of year three and a final evaluation report of progress including an assessment of overall effectiveness of strategies and approaches is due at the end of the four-year initiative.

7. What communities have received Get Healthy Idaho funding?

This is the third-round funding opportunity for *Get Healthy Idaho: Building Healthy & Resilient Communities*. The first year of funding was awarded to WICHHC for their work in Elmore County. The second year of funding was awarded to United Way Southeast Idaho. You can learn more about what they have been doing [here](#). This round of funding is limited to north central Idaho communities within Clearwater, Latah, Lewis, Idaho and Nez Perce counties.

8. How is Get Healthy Idaho Funded?

Get Healthy Idaho is an initiative of the Idaho Department of Health and Welfare, and is housed within the Division of Public Health, Bureau of Equity and Strategic Partnerships. The initiative utilizes braided funding from Centers for Disease Control programs, the Substance Abuse and Mental Health Services Administration (SAMHSA), the Health Resources and Services Administration (HRSA), and receipts generated from federal programs:

- Preventive Health and Health Services Block Grant, NB01OT009332-01-00 CFDA # 93.991
- Substance Abuse Prevention & Treatment Block Grant, 6B08TI083017-01M002 CFDA # 93.959
- Title V Maternal and Child Health Block Grant, B04MC40128, CFDA # 93.994
- Overdose Data to Action, NU17CE925017-01-00, CFDA # 93.136
- Receipts generated from Ryan White Care Act Title II, CFDA # 93.917
- A Strategic Approach to Advancing Health Equity for Priority Populations with or at Risk for Diabetes, CFDA #93.988



The Department of Health and Welfare continues to look for additional opportunities to further diversify funding for the Get Healthy Idaho Initiative.

9. Are the Informational Call and Office Hours required?

No, the Department offered an informational call on May 24, 2023, and office hours will be available on June 15, 2023, at 3:00 p.m. PT to answer questions of perspective applicants. Video recordings of these calls will be placed on the website along with answers to any questions asked. These calls are optional.

10. What is meant by placed-based and can my community geographic boundary be a health district or hospital service area?

Get Healthy Idaho is focused on improving conditions within geographic areas of high need to improve health outcomes. The program recognizes that needs vary across Idaho and are reflective of unique community attributes. Get Healthy Idaho is also based on an understanding that solutions which address the social determinants of health are most effective when they are “placed-based” and take into consideration the specific challenges, resources, and character of a community. For this solicitation we are looking specifically for communities located within Clearwater, Latah, Lewis, Idaho, or Nez Perce counties.

The community can range in size, but each applicant’s selected geographic area should be reflective of a meaningful community identity where people are impacted by policies, structures, systems and features that are particular to the place they live. Communities will typically be defined by a neighborhood, city, census tract or for more rural areas a county may be appropriate. Health districts and hospital service areas are generally too large to represent a cohesive community.

11. Is there flexibility in the selected geography and can it include two or more communities within close proximity, and can an additional community be added to the initiative after being awarded?

The proposed geographic area of focus for your community can range in size as described in question 10. Importantly the geography should be reflective of a meaningful community identity. Neighboring towns may share similar support structures, have similar needs, opportunities, and shared identities. In such cases multiple yet connected towns, places or census tracts could be selected. These places could potentially cross a county boundary where there is a cohesive community with shared systems of support and aligned partners serving the area. The selected community may also include a whole county.

Extension or adjustments to the proposed boundary could be allowed after the award is finalized. The proposed expansion or change would need to offer a meaningful opportunity to advance the work and approval by the Get Healthy Idaho team would be required. Amendments to the subgrant agreement might be needed.

12. Can we use a needs assessment that our organization conducted recently?

Yes, we encourage applicants to use current or recent health assessments. Within the first phase of funding the awarded applicant will build on any recent assessments to bring regional or community level



assessment down to the identified geography (zip code, census tract). Qualitative data from direct community involvement should be used to better understand what is happening in that smaller geographic area. Elements to include in the assessment are detailed in Section III.C. of the application packet.

13. What might be some of the criteria the internal team will use to score the application?

Scoring criteria are shown on a matrix within the application packet on page 19. In general, the successful applicant will need to describe their readiness for the Get Healthy Idaho initiative, collaborative work that has or will occur, health needs and disparities within their community, and how they propose to complete the required tasks.

14. How much funding is available, and will the same amount be available for each of the four years?

The first-phase budget should accurately reflect funding needed to build or expand a community collaborative, conduct a health needs assessment, identify community priority areas, develop a community led action plan and develop an evaluation plan. Costs for these elements will vary depending upon each applicant's capacity but cannot exceed \$100,000. Typically phase one will be completed in one year. The subsequent three years of funding is dependent upon availability and successful completion of required tasks.

15. Can you explain the phases and award amounts available?

Applicants are encouraged to develop a phase one budget that accurately reflects the anticipated cost of maintaining or building a collaborative, developing, or expanding upon a health needs assessment, developing a community led action plan and developing an evaluation plan. These activities are to be completed within the first year and funding from the Department of Health and Welfare cannot exceed \$100,000 for this phase. A new grant agreement will be signed each of the four years between the Department and awarded community with the grant funding amount contingent upon available funding, anticipated costs, and completion of required tasks.

16. Can rurality be a criterion in establishing need?

Health disparities and challenges faced by rural communities can be discussed in the statement of need section which details the target population(s) within your community.

17. How long is the period of performance for each award?

It is anticipated that the selected community will be funded for four years, however each year funding is contingent upon availability and successful completion of required tasks. The Department is actively working to increase Get Healthy Idaho funding, the goal is to bring an additional community on each year.

18. Are stipends allowable and what can they be used for?



Get Healthy Idaho encourages approaches that reduce barriers to participation in community meetings, collaborative membership, and assessment activities. Stipends can be a mechanism to compensate community members with lived experience for investing their time in this effort. If awarded, the exact stipend amount will need to be approved by the Get Healthy Idaho team and a policy will need to be in place to ensure that stipends are distributed fairly and in accordance with state and federal regulations. Compensating community members for travel to meeting venues and provision of childcare are other related activities which can be pursued to reduce barriers to participation.

19. Is food an allowable expense?

Get Healthy Idaho is supported with braided funding from state and federal sources including one which allows for the purchase of food for meetings. Food costs will need to be detailed on a separate line item within the budget and subsequent invoices.

